

CHALLENGE Grant Program

FY 05 Final Report

Deadline: July 30, 2005

1. Grant Number:	_____	Fiscal Year:	2005
2. Activity Dates	Begin: 07/01/2004	End:	06/30/2005
3. Grantee's Name	_____		
4. Mailing Address	_____		
5. City	_____	6. State	_____
		7. Zip+4	_____
8. County	_____	9. Federal ID #	_____
10. Phone Number	_____	11. Fax Number	_____
12. Email Address	_____		
13. Contact Person for this report	_____		
14. Phone Number	_____	15. Fax Number	_____
16. Email Address	_____		
17. Number of Individuals who Benefited from this grant	Youth _____	Adult	_____
18. Dollar amount spent on Arts Education	_____		
19. Number of Artist who Participated in this activity	_____		
20. What counties do you serve?	_____		
21. What other states do you serve (if applicable)?	_____		
22. KAC dollars awarded for this activity leveraged \$	_____	dollars from other sources	_____
23. List other sources:	_____		

As you reach the conclusion of your Challenge Grant funding period for FY 2005, please respond to the following self-assessment questions on a maximum of two pages. Placing your organization's name in the top right hand corner of the page.

1. Impact/Evidence

- What public value, or benefits to the community did you provide through KAC funding?
- Please provide supporting evidence of this impact (i.e. materials created, data gathered, financial records, etc.)
- Please describe any significant changes in operations, facility, or staffing which occurred during this grant period.

2. Documentation and Credit

- How did you satisfy the Kentucky Arts Council credit requirement? Attach copies of program, advertisements, newsletters, web site links, etc., containing the credit line and logo.

Grant Activity Financial Report

Please attach a complete report of the activity income and expenses (one-page maximum), using the following format. Do not include in-kind contributions and expenses, although you may describe these in a budget note. If the actual figures differ substantially from the original budget, please explain in budget notes.

Income	Original Budget	Actual
Kentucky Arts Council Challenge Grant		(grant amount)
Matching Funds (list each major source)		
Total Income		

Expenses	Original Budget	Actual
List each line item from the budget in your application.		
Total Expenses		

Net / (Deficit)		
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Mailing Address for Final Report

Kentucky Arts Council
 Capital Plaza Tower
 500 Mero Street, 21st floor
 Frankfort, KY 40601-1975
 502-564-3757
 Toll Free: 888-833-2787

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Preparer's Signature _____ Date _____

All signatures must be in **RED ink.**

Type Name _____ Title _____